

## Parent/Legal Guardian Contact Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender M F

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ E-mail Address \_\_\_\_\_

Primary Phone (\_\_\_\_) \_\_\_\_\_ Secondary Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Cell Phone Carrier (if you wish to receive important text alerts – standard carrier rates apply) \_\_\_\_\_

## Immediate Family Members within your Household

Do not include grandparents, nieces, nephews, or friends. Staff reserves the right to request proof of family members (birth certificates, legal guardian documents, etc.).

First Name	Last Name if different from Parent/Legal Guardian	Birthdate	Gender	Allergies, Medications, Health Concerns, or Special Needs that staff should be aware of
		____/____/____	M F	
		____/____/____	M F	
		____/____/____	M F	
		____/____/____	M F	
		____/____/____	M F	
		____/____/____	M F	

City Employee #/Dept.: \_\_\_\_\_

## Emergency Contact Information

1. Emergency Contact Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Emergency Primary Phone (\_\_\_\_) \_\_\_\_\_ Emergency Secondary Phone (\_\_\_\_) \_\_\_\_\_

2. Emergency Contact Name \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Emergency Primary Phone (\_\_\_\_) \_\_\_\_\_ Emergency Secondary Phone (\_\_\_\_) \_\_\_\_\_

By providing your e-mail address above, a notification will be sent via e-mail when your account has been created.